FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



Type of Business Organization

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

□ corporation

☐ business trust

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number: Expires:	May 31, 2005			
Estimated average burden hours per response				

SEC USE ONLY

Serial

Prefix

UNIFORM LIMITED OFFERING EXEMPTION	DN DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Issuance of Membership Interests	
- · · · · · · · · · · · · · · · · · · ·	Section 4(6) ULOE
Type of Filing: ☑ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Canton Investment Fund LLC	
	ephone Number (Including Area Code) 15) 512-1213
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	ephone Number (Including Area Code)
Brief Description of Business Investing in distressed assets.	A PRIORING TO SECOND TO SE

☐ limited partnership, already formed

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Month

8

CN for Canada; FN for other foreign jurisdiction)

☐ limited partnership, to be formed

PROCESSED

☑ other (please specify):

limited liability

☑ Actual ☐ Estimated

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AUG 2 3 2002

P

Year

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0

(Enter two-letter U.S. Postal Service abbreviation for State:

THOMSON FINANCIAL

SEC 1972 (6/02)

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	⊠ General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)							
Chenery Managemen	t Incorpo	rated			1107			
Business or Residence Address (Number and Street, City, State, Zip Code) 703 Market Street, Suite 1200 San Francisco, California 94103								
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i Hahn, Roy	ndividual)							
Business or Residence Address (Number and Street, City, State, Zip Code) 703 Market Street, Suite 1200 San Francisco, CA 94103								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i Austin, Larry	ndividual)							
Business or Residence Address (Number and Street, City, State, Zip Code) 201 N. Union Street, Suite 230 Alexandria, VA 22314								
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i Scenic World Inve	•	mited						
			e) .					
Business or Residence Address (Number and Street, City, State, Zip Code) Room 2301, 23rd Floor, Lippo Tower, Lippo Center, 89 Queensway, Hong Kong								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								

					B. I	NFORMA:	FION ABO	UT OFFE	RING				
						-			· · · · · · · · · · · · · · · · · · ·			Yes	No
1.	Has th	e issuer so	ld, or does	the issuer in	ntend to sell	l, to non-acc	redited inv	estors in thi	s offering?			. 🗆	\boxtimes
			-			•			J				
	Answer also in Appendix, Column 2, if filing under ULOE.						\$12,120						
2.	What i	is the mini	mum inves	tment that v	vill be accep	oted from ar	ny individua	ıl?	,			\$12,120	
												Yes	No
3.	Does t	he offering	g permit joi	nt ownershi	ip of a singl	e unit?							⋈
4.	Enter	the inform	ation requ	ested for ea	ch person	who has be	en or will	be paid or	given, direc	tly or indir	ectly, any		
	comm	ission or	similar ren	nuneration	for solicita	tion of pur	chasers in	connection	with sales	of securit	ies in the		
	offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated												
									r dealer onl				
Full	Name	(Last name	e first, if inc	dividual)									
Busi	ness or	Residence	e Address (Number and	l Street, Cit	y, State, Zip	Code)		_	_			
Nam	ne of As	ssociated E	Broker or D	ealer									
State	es in W	hich Perso	n Listed Ha	as Solicited	or Intends t	to Solicit Pu	ırchasers						
	(Check	k "All State	es" or checl	k individual	States)								All States
[A]		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Full	Name ((Last name	first, if inc	dividual)		<u> </u>		·		<u> </u>			
Busi	ness or	Residence	Address (Number and	l Street, Cit	y, State, Zip	Code)		<u> </u>				
		15					<u> </u>	·					
Nam	e of As	ssociated E	Broker or D	ealer ————						<u>. </u>			
State	es in W	hich Perso	n Listed Ha	as Solicited	or Intends t	o Solicit Pu	rchasers						
	(Check	c "All State	es" or check	k individual	States)								All States
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[A] [II]	_	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
ш [М]	-	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
[A]	_	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[]]	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[M] [R]		[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$0	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	\$ 0
	Partnership Interests	\$607,481	\$607,481
	Other (Specify).	\$0	\$0
	Total	\$607,481	\$607,481
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of
		Number Investors	Purchase
	Accredited Investors	2	\$607,481
	Non-accredited Investors	. 0	\$0
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Dollar Amount
	Type of Offering	Type of Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees		\$0
	Accounting Fees.		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	Total		\$0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEI	OS
	b. Enter the difference between the aggrega total expenses furnished in response to Paproceeds to the issuer."	rt C - Question 4.a. This difference is the	"adjusted gross	\$607,481
5.	Indicate below the amount of the adjusted gr to be used for each of the purposes shown. I furnish an estimate and check the box to payments listed must equal the adjusted gross to Part C - Question 4.b above.	If the amount for any purpose is not known, the left of the estimate. The total of the	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and Fees		□ \$	□ \$
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and installation	on of machinery and equipment	□ \$	□ \$
	Construction or leasing of plant building	s and facilities	□ \$	□ \$
	Acquisition of other businesses (includin offering that may be used in exchange fo issuer pursuant to a merger)		□ \$	□ \$
	Repayment of indebtedness	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ \$	\$
	Working capital.		☑ \$6,075	□ \$
	Other (specify): Investments		□ \$	፟ \$601,406
			□ \$ ⊠ \$6,075	□ \$ ⊠ \$601,406
	Total Payments Listed (column totals add	⊠\$ <u>\$</u> 607,	481	
_		D. FEDERAL SIGNATURE		
sigi	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer to primation furnished by the issuer to any non-acci	o furnish to the U.S. Securities and Exchang	e Commission, upon writte	
	uer (Print or Type) .nton Investment Fund LLC	Signature	Date August 17, 2	001
	me of Signer (Print or Type) y E. Hahn	Title of Signer (Print or Type) President of Chenery Mar	nagement Incorp	orated

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)